

# City of New Bedford, Massachusetts

for building dept. Use	
DATÉ RÉCEIVED:	_
RECEIVED BY:	-
ISSUED BY JUL 1 6 2014	

		mosng Deparkn		RECEIVED BY:	
	• •	ion for Plan Ex: nd Building Pen	•	ISSUED BY JUL 1 6 201	4
important — co	OMPLETE ALL IT	EMS — MARK BO	XES WHERE APPLIC	able — print	
(AT LOCATION)  BETWEEN  PLOT 53	9 U	FROUT	STREET	20 Sec. 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	
O S BETWEEN			AND		<del></del>
e O BETWEEN	(CROSS STREET)		11 may 1 m	OSS STREET)	
PLANS FILED.	2/YES   NO	UISI1	lus4	AUGENTED STREET	
II. TYPE AND COST OF BUILD	NG - all applicant	ts complete parts A	through D — PRINT		
A TYPE OF IMPROVEMENT		D1 PROPOSED USE	— For demolition most recent u	ise	
New Building		Residential		Nonresidential	
2 Addition (If residential, enter num	ther of new housing	13 One family		19 Amusement, recreati	onal
units added, if any, in Part D, 14)			re family — Enter units	20 U Church, other religion	US
3 Alteration (if residential, enter numbers and the housing units added, if any, in Pa		1 —	olei, molei, or	21 Industrial	
4 Repair, replacement	N. D. 14)	dormitory -	– Enter number	22 Parking garage	
5 Demolition (If multilamily residen	ilal, enter number of	i6 Garage		- 23 L Service station, repa	ir garage
units in building in Part D, 14, if a indicate most recent use checking	ron-residential,	17 Carport		24 Hospital, institutional	
6 Moving (relocation)	g D-10 - D-32)	18 Other — 5	specin Nestaurunt	25 Office, bank, profess	ional
7 Goundation only				26 Public utility	
				_ 27 🔲 School, library, other e	ducational
B. OWNERSHIP		D.2. Does this building		28 Stores, marcantile	
8 Private (individual, corporation,		i	If yes complete the following:	29 Tanks, towers	
nonprofit institution, etc.)		Name & Address of	f Asbestos Removal Firm:	30 Furranal hormes	
9 L Public (Federal, State, or local gr	overnment)			31 2 Food ostablishments	
C. COST	(Omit cents)		fication sent to DEQE and the	32 Other — Specify	<del></del> .
10. Cost of construction	<i>a.</i>		r & Industries and results of air or asbestos removal is completed,	. :	
To be installed but not included in the above cost				of buildings, e.g., food processin	o plant.
a. Electrical		machine shop, laur	ndry building at hospital, eleme	ntary school, secondary achool, or tore, rental office building, office b	ollege,
b. Plumbing		at industrial plant.	If use of existing building is be	ing changed, enter proposed use.	nnen en
c. Heating, air conditioning	,	Aooit	102 OF a Dec	<u>le.</u>	
d. Other (elevator, etc.)	20,000	•			
12. TOTAL ASSESSED BLDG. VALUE	•		· · · · · · · · · · · · · · · · · · ·		<del></del>
III. SELECTED CHARACTERISTI	<del>,</del>			ėmoliion, complete only parts G; g. foundation), complete E through	
E. PRINCIPAL TYPE OF FRAME	G. TYPE OF SEWAGE	DISPOSAL	J. DIMENSIONS		
33 Masonry (wall bearing)	43 Public or I	private company	53 Number of stories	l	
34 Wood frame	44 Private (st	eptic tank, etc.)	54 Height 55 Total square feet of fice	or area.	
35 Structural steel .	H. TYPE OF WATER S	SUPPLY	all floors based on end		<del> </del>
35 Reinforced concrete	45 Public or	private company	56 Building tength 57 Building width	.: . · · · · · · · · · · · · · · · · · ·	
37 Other — Specify	1 —	ell, cistem)	58 Total sq. M. of bidg. for	epriret	
F. PRINCIPAL TYPE OF MEATING FUEL	I. TYPE OF MECHANIA		59 Front lot line which 60 Rear lot line whith	<del></del>	<del></del>
38 Gas	Is those a fire sprin		61 Depair of lot		
39 OI	47 YES	es [] NO	62 Total sq. ft. of bot size		
40 Electricity	1	ral air conditioning?	63 % of lot occupied by b 64 Distance from but line (		
41 D Corel	40 Uves	50 D No	65 Distance from lot line (		
es Coher — Sherik	Will those be an el	lavetor?	66 Distance from for line (	(eff)	

# OTHER APPLICABLE REVIEWS K, FLOODPLAIN

	Is location within flood hazard area? yes no	
	If yes, zone : and base elevation	
L. W	TLANDS PROTECTION	
	Is location subject to flooding?	
	Is location part of a known wetland?	-
	Has local conservation commission reviewed this site?	

IV. IDENT	IFICATION – ALL APPLICANTS – PLEASE PRIN	T
OWNER OR LESSEE NAME	MAILING ADDRESS ZIP COD	E TELEPHONE NO.
THE MB VISTORTNC.	94 Front St-	508.985-8898
K CO Co	NB UA 02740	
CONTRACTOR NAME	MAILING ADDRESS ZIP CODI	E TELEPHONE NO.
12P Valois	License ø	508.509-
Farlund Corp.		4579
	HOME IMP 0	
ARCHITECT NAME	MAILING ADDRESS ZIP CODI	E TELEPHONE NO.
Timothy Johnson	343 W. Broadway St.	Ce17-417-148
	BOSTON HA 02127	
SIGNATURE OF OWNER	APPLICANT SIGNATURE  ASea Lancegan	7 16 14

Omission of reference to any provision shall not nullify any

requirement of this code nor exempt any structure from such requirement.

The applicants understands and warrant that they will comply with all pertinent federal and state statutes, local ordinances and all federal, state, and local regulations, including those of the Architectural Barriers board, Department of Environmental Protection Agency and may be forwarded for review to all pertinent local city agencies which may express specific concerns. It is understood that the issuance of a permit shall not serve as an acceptance or acknowledgment of compliance nor exempt any structure from such requirement. The permit shall be a license to proceed with the work and shall not be construed as authority to violate, cancel, or set aside any of the provisions of the State Building Code or local code of ordinances, except as specifically stipulated by modification or legally granted variation in accordance with Section 122.0 of State Building Code or local code of ordinances.

I have read the above and sign under pain and penalty of perjury as to the truth of all of the information and statements contained in sections I through IV of this application.

29 Union St. NB MA 0) THE

Applicant's Signature

Address

City



Contact Person:

# The Commonwealth of Massachusetts Department of Industrial Accidents Office of Investigations 600 Washington Street Boston, MA 02111 www.mass.gov/dia

Workers' Compensation Insurance Affidavit: Builders/Contractors/Electricians/Plumbers

Applicant Information Please Print Legibly

Name (Business/Organization/Individual): FATUUL COVP

Name (Business/Organization/Individual): FATUAL Corp-	
Address: 390 County	
City/State/Zip: New Beller D HA Phone #:	
Are you an employer? Check the appropriate box:  1. I am a employer with employees (full and/or part-time).*  2. I am a sole proprietor or partnership and have no employees working for me in any capacity. [No workers' comp. insurance required.]  3. I am a homeowner doing all work myself. [No workers' comp. insurance required.] †  4. I am a general contractor and I have hired the sub-contractors listed on the attached sheet. These sub-contractors have employees and have workers' comp. insurance.  5. We are a corporation and its officers have exercised their right of exemption per MGL c. 152, §1(4), and we have no employees. [No workers' comp. insurance required.]	Type of project (required):  6. New construction  7. Remodeling  8. Demolition  9. Building addition  10. Electrical repairs or additions  11. Plumbing repairs or additions  12. Roof repairs  13. Other
*Any applicant that checks box #1 must also fill out the section below showing their workers' compensation † Homeowners who submit this affidavit indicating they are doing all work and then hire outside contractors †Contractors that check this box must attached an additional sheet showing the name of the sub-contractors are employees. If the sub-contractors have employees, they must provide their workers' comp. policy number.	must submit a new affidavit indicating such.
I am an employer that is providing workers' compensation insurance for my employed information.  Insurance Company Name: PATHUNG INSURANCE	ees. Below is the policy and job site
	ation Date:
Job Site Address: City/St	ate/Zip:
Attach a copy of the workers' compensation policy declaration page (showing the Failure to secure coverage as required under Section 25A of MGL c. 152 can lead to the fine up to \$1,500.00 and/or one-year imprisonment, as well as civil penalties in the form of up to \$250.00 a day against the violator. Be advised that a copy of this statement may investigations of the DIA for insurance coverage verification.	ne imposition of criminal penalties of a m of a STOP WORK ORDER and a fine
I do hereby certify under the pains and penalties of perjury that the information prov	•
Signature.	7/14/14
Phone #: 508.545-8698	
Official use only. Do not write in this area, to be completed by city or town officia	
City or Town: Permit/License #	·
Issuing Authority (circle one):  1. Board of Health 2. Building Department 3. City/Town Clerk 4. Electrical I  6. Other	Inspector 5. Plumbing Inspector

Phone #:

### Information and Instructions

Massachusetts General Laws chapter 152 requires all employers to provide workers' compensation for their employees. Pursuant to this statute, an *employee* is defined as "...every person in the service of another under any contract of hire, express or implied, oral or written."

An *employer* is defined as "an individual, partnership, association, corporation or other legal entity, or any two or more of the foregoing engaged in a joint enterprise, and including the legal representatives of a deceased employer, or the receiver or trustee of an individual, partnership, association or other legal entity, employing employees. However the owner of a dwelling house having not more than three apartments and who resides therein, or the occupant of the dwelling house of another who employs persons to do maintenance, construction or repair work on such dwelling house or on the grounds or building appurtenant thereto shall not because of such employment be deemed to be an employer."

MGL chapter 152, §25C(6) also states that "every state or local licensing agency shall withhold the issuance or renewal of a license or permit to operate a business or to construct buildings in the commonwealth for any applicant who has not produced acceptable evidence of compliance with the insurance coverage required." Additionally, MGL chapter 152, §25C(7) states "Neither the commonwealth nor any of its political subdivisions shall enter into any contract for the performance of public work until acceptable evidence of compliance with the insurance requirements of this chapter have been presented to the contracting authority."

#### Applicants

Please fill out the workers' compensation affidavit completely, by checking the boxes that apply to your situation and, if necessary, supply sub-contractor(s) name(s), address(es) and phone number(s) along with their certificate(s) of insurance. Limited Liability Companies (LLC) or Limited Liability Partnerships (LLP) with no employees other than the members or partners, are not required to carry workers' compensation insurance. If an LLC or LLP does have employees, a policy is required. Be advised that this affidavit may be submitted to the Department of Industrial Accidents for confirmation of insurance coverage. Also be sure to sign and date the affidavit. The affidavit should be returned to the city or town that the application for the permit or license is being requested, not the Department of Industrial Accidents. Should you have any questions regarding the law or if you are required to obtain a workers' compensation policy, please call the Department at the number listed below. Self-insured companies should enter their self-insurance license number on the appropriate line.

#### City or Town Officials

Please be sure that the affidavit is complete and printed legibly. The Department has provided a space at the bottom of the affidavit for you to fill out in the event the Office of Investigations has to contact you regarding the applicant. Please be sure to fill in the permit/license number which will be used as a reference number. In addition, an applicant that must submit multiple permit/license applications in any given year, need only submit one affidavit indicating current policy information (if necessary) and under "Job Site Address" the applicant should write "all locations in \_\_\_\_\_\_(city or town)." A copy of the affidavit that has been officially stamped or marked by the city or town may be provided to the applicant as proof that a valid affidavit is on file for future permits or licenses. A new affidavit must be filled out each year. Where a home owner or citizen is obtaining a license or permit not related to any business or commercial venture (i.e. a dog license or permit to burn leaves etc.) said person is NOT required to complete this affidavit.

The Office of Investigations would like to thank you in advance for your cooperation and should you have any questions, please do not hesitate to give us a call.

The Department's address, telephone and fax number:

The Commonwealth of Massachusetts
Department of Industrial Accidents
Office of Investigations
600 Washington Street
Boston, MA 02111

Tel. # 617-727-4900 ext 406 or 1-877-MASSAFE Fax # 617-727-7749 www.mass.gov/dia

Plumbing Fire Department Water Vanuing Conservation Vablic Works Idealth Identify Interest of Particles VISTRICT: VISE: RONTAGE: RONTAGE: LOT SIZE: ETBACKS: RONT: LEFT SIDE: RIGHT SIDE: REAR; ERCENTAGE OF LOT COVERAGE PRIMARY BUILDING ARIANCE HISTORY III. WORKER'S COMPENSATION INSURANCE AFFIDAVIT II. (licensee/permittee) with a principal place of business/residence at:  (City/State/Zip) do hereby cerify, under the pains and penalties of perjury, that: II am an employer providing worker's compensation coverage for my employees working on this job.  Insurance Company Policy Number I am a sole proprietor and have no one working for me. I am a sole proprietor, general contractor, or homeowner and have hired the contractors listed below we the following worker's compensation insurance policies:  FAT LANCE Insurance Company/policy number	Electrical				
Plumbing  "ire Department Vater Valer Valer Valer Valenting Conservation Unblic Works feelth icensing Wher T. ZONING REVIEW USE: ECTRACKS: ECTRACKS: ECTRACKS: ECTRACKS: RONT: LEFT SIDE: ETRACKS: RONT: LEFT SIDE: ERCERTAGE OF LOT COVERAGE PRIMARY BUILDING ARRIANCE HISTORY II. WORKER'S COMPENSATION INSURANCE AFFIDAVIT II. (Ilcenses/permittee) with a principal place of business/residence at:  (City/Sinte/Zip) do hereby certify, under the pains and penalties of perjucy, that: II am an employer providing worker's compensation coverage for my employees working on this job.  Insurance Company Policy Number I am a sole proprietor, general contractor, or homeowner and have hired the contractors listed below we the following worker's compensation insurance policies:  FALLAC Corp.  Iame of contractor Insurance Company/policy number I am a homeowner performing all the work myself.  Please be aware that while homeowners who employ persons to do maintenance, construction or repair of not more than three units in which the homeowner also resides or on the grounds appurtenant thereto a considered to be employers under the Workers' Compensation Act (GL. C. 152, sect. 1(5)), application by err for a license or permit may evidence the legal status of an employer under the Workers' Compensation act (GL. C. 152, sect. 1(5)), application by err for a license or permit may evidence the legal status of an employer under the Workers' Compensation act (GL. C. 152, sect. 1(5)), application by err for a license or permit may evidence the legal status of an employer under the Workers' Compensation act on the grounds appurtenant of industrial Accidents' Office of verification and that failure to secure coverage as required under Section 25A of MGL 152 can lead to the exaltics consisting of a fine of on two 51500 and or impronuented of un one two rand cityl mashies is evidented to the contractor and cityl mashies is evidented to the contractor and cityl mashies is evidented to the contractor and cityl mashies is evidented to the contract and	Electrical	•			
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7/14/14

	ix. Homeowner license exemption
	Supplement of The current exemption for "homeowner" was extended to include experoccupied dwellings of two units or less and to allow such homeowners to engage an individual for hire who does not possess a license, provided that the owner acts as supervisor. (State Building Code Section 110.5)
	DEFINITION OF HOMEOWHER:  Person(s) who own a parcel of land on which he/she resides or intends to reside, on which there is, or is intended to be, a one to two family dwelling, attached or detached structures accessory to such use and /or farm structures. A person who constructs more than one home in a two-year period shall not be considered a homeowner. Such "homeowner shall submit to the Building Official, on a form acceptable to the Building Official, that he/she shall be responsible for all such work performed under the building permit. (Section 110.5)
	The undersigned "homeowner assumes responsibility for compliance with the State Building Code and other applicable codes, ordinance, rules and regulations, and will comply with the City of New Badford Building Department minimum Inspection procedures and requirements.
	HOMEOWNERS SIGNATURE
	X. CONSTRUCTION DEBRIS DISPOSAL
	Supplement #2 in accordance with provisions of Massachusetts General Law C40, S54, debris resulting form this work shall be disposed of in a properly licensed solid waste disposal facility as defined by Massachusetts General Law C 111, S 150A
	The debris will be disposed of in:
	Signature of Permit Applicant Date
	XI. Home improvement contractor law affidavit
	(Residential Use Only) Supplement to Permit Application Supplement #3 MGLc. 142 A requires that the "reconstruction, alteration, renovation, repair, modernization, conversion, improvement, removal, dernolition, or construction of an addition to any pre-anisting owner-occupied building containing at least one but not more than four dwelling units or to structures which are adjacent to such residence of building" be conducted by registered contractors, with certain exceptions, along with other
	Type of Work: ADDI-time of a Dect Est. Cost 20,000
	Address of Work
·	Owner Name: Date of Parmit Application:
	I hereby certify that: Registration is not required for the following reason(s):
	Work excluded by law Job under \$1,000 Building not owner-occupied Owner obtaining own permit
	Other (specify)
	Notice is hereby given that Owners obtaining their own permit or employing unregistered contractors for applicable home improvement work Do not have access to the arbitration program of Guaranty fund under MGLC. 142A.
	signed under penalties of perjury: I hereby apply for a permit as the agent of the owner:
	Date Contractor Signature Registration No.
	Notwithstanding the above notice, I hareby apply for a permit as the owner of the above property:
	Date Owner Signature
	XII. Building commissioners review comments and conditions
	C. Building Permit Rejected Special Permit Rejection Date 7/25 2014  Reason For Rejection: Valorice From ZB4
	SEE ATTAChmonte
	Comments and Conditions:
8	
<u> </u>	
	Signed Caury Dete: 20
	Signed Aguny Date: 20_

## **Special Permit**

5300- Special Permits

5310- Special Permit Granting Authority

5320- Criteria

5330- Procedures

5360- Conditions

5370- Lapse

5380- Regulations

5390- Fees

# **Special Permit**

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